

## CITY OF SOMERVILLE, MASSACHUSETTS OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT JOSEPH A. CURTATONE MAYOR

DIVISION OF INSPECTIONAL SERVICES

**BUILDING DEPARTMENT** 

I, <u>Kelly A Como</u>, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

3 copies

Signed under the pains and penalties of perjury, this 23 day of 900, 201.

Signature & COMU

Print Name



## CITY OF SOMERVILLE

DIVISION OF INSPECTIONAL SERVICES
APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
TO ACCORDANCE WITH SECTION 1100
OF THE MASSACHUSETTS STATE BUILDING CODE

	FOR OFFICE USE ONLY
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ACCEPTED B	hull -
DATE ISSUED	611-10
DATE DENIE	
PERMIT NO.	BP16-5481

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AND ADDRESS OF PROPERT	YOWNER HENRY PATTERION	260 EL . C	T 51 /Y	8-1167-01
ND ADDRESS OF ARCHITE	CT/ENGINEER			
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	ATE NUMBER OF DWELLING UNITS	. U	SE GROUP	STATE OF SELECT
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\*\* Building Permit issued pursuant to Massachusetts Building Code Requirements \*\*

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CITY OF SOMERVILLE

DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR IN ACCORDANCE WITH SECTION 110.0 OF THE MASSACHUSETTS STATE BUILDING CODE

PLEASE TYPE OR PRINT CLEARLY IN INK

phi-	FOR OFFICE USE ONLY			
	FEE: <del>`</del>	<u> </u>	10	
	DATE REC'D:	_2	( 1-	16
	ACCEPTED BY:		4.	1 1
	DATE ISSUED:		<' j .	1/6
	DATE DENIED:	a Oni	·	
	PERMIT NO.: 7	15.	11-	373
/	1 LIGVIII 140	,		-toper's

W. HA & W.
1. LOCATION OF PROPERTY (NO. AND STREET) 355 WASHINGTONS MAP THE BLOCK D LOT 5
2. NAME AND ADDRESS OF PROPERTY OWNER BET MANT WILL ACKLY 19 19 7 SYNCE MA
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER
REGISTRATION NUMBER TELEPHONE
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER SAL DIVER TO COUTING ST TELEPHONE: 617 947 7 163
CONST. SUPER. LIC. NO. 17049 H.I.C. REG. NO. 13275+ SIGNATURE (REQ'D)
5. ZONING DIST. A OND TYPE OF PERMIT: NEW DADDITION CERTIFICATE OF OCCUPANCY
6, WARD TO DEMOLITION DALTERATION OTHER
7. CURRENT USE(S) 618 18 19 17 PROPOSED USE(S) 618 48 14 17
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS USE GROUP
9. ESTIMATED CONSTRUCTION COST \$17,500 \$2
10. WHAT IS THE CONSTRUCTION TYPE?  PLANS SUBMITTED YES NO
11. LOT DIMENSIONS AREA 196 FRONT YARD 14 REAR YARD 14 RIGHT SIDE 14 LEFT SIDE 14
12. PROPOSED SETBACKS FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE
13. HEIGHT OF STRUCTURE (FT.) 70 TOTAL SQUARE FOOTAGE 196 NUMBER OF STORIES
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND / OR SPECIAL PERMIT? ☐ YES ☐ NO
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT?
16. WASTE DISPOSAL COMPANY LA TOTE DISPOSAL SITE ADDRESS (TOTT), MA
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED?
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION  (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)
INTERIOR RENOVATION OF ONE STORY CHMENTAL REPORT SPACE
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ROUGTON W TTHE TO FOR OUT FILE THE TRATERIOR
RESTORE EXITING FLOOR + TIN GEHING



CITY OF SOMERVILLE DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR IN ACCORDANCE WITH SECTION 110.0 OF THE MASSACHUSETTS STATE BUILDING CODE PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY		
FEE: Naul S Coo		
DATE REC'D:		
ACCEPTED BY:		
DATE ISSUED:		
DATE DENIED:		
PERMIT NO:		

1. LOCATION OF PROPERTY (NO. AND STREET) 755 WASUNGTON S	14 PANESTNIT MAP 73 BLOCK & LOT 24
2. NAME AND ADDRESS OF PROPERTY OWNER FORMES BEOS PEAL	TT T8031
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER ANGRO J CASKE	
REGISTRATION NUMBER 10 708 TELEPHONE	617 733 7701
REGIOTA	
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER BENEVIN ( DE 157707	The state of the s
CONST. SUPER. LIC. NO. 097999 H.I.C. REG NO 157707	The second secon
5. ZONING DIST. COD TYPE OF PERMIT: NEW	□ ADDITION □ CERTIFICATE OF OCCUPANCY
6. WARD ☐ REPAIR	□ DEMOLITON □ ALTERATION □ OTHER
7. CURRENT USE(S) B (SFICE) PROPOSED USE	
8. IF USE(S) IS A RESIDNENCE, INDICATE NUMBER OF DWELLING UNITS	USE GROUP
9. ESTIMATED CONSTRUCTION COST 62000	
10. WHAT IS THE CONSTRUCTION TYPE? The PLANS SUBMIT	
	R YARD (// RIGHT SIDE // LEFT SIDE //
12. PROPOSED SETBACKS MC FRONT YARD REA	
15. TELOXII GI	18000 (SVC) NUMBER OF STORIES
14 DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL	PERMIT? DYÉS DNO
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NU	IMBER DE # 7011-09
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? YES TNO	IF YES, GIVE COMMISSION APPROVAL DATE
16. WASTE DISPOSAL COMPANY THEE, WINEN MA	DISPOSAL SITE ADDRESS CORREDUCT TRANSPORT
17. DEMOLITION: HAS DEPT. NOTIFICATION FROM BEEN COMPLETED?	□ YES □ NO
DETAILED DESCRIPTION OF PROP	OSED CONSTRUCTION
(DO NOT INDICATE "SEE ATTACHED PLAN	IS," PLEASE BE SPECIFIC)
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NO GAS FITTING ON KTICHTN CONTINUETION.	ELECTRICAL WORK TO BE RUN
FROM ZOOA BYLL S & U WILE TRANSFORMER	INSTALLED - INSPECTED LAST YEAR-
LOAD CALCULATION) TO BE SUBMITTED TO F	IFCTRIME INSPECTAR-
LOAD (ALLOW HOW)	

ARE THE FOLLOWING INCLUDED?

SOCIEDATIVE STREET OR SIDEWALK

YES NO

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.